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### Rural Young Adult Health: Drivers and Barriers to Accessing Care

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Rural Young Adult Health: Drivers and Barriers to Accessing Care

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## Abstract

Adolescents and young adults are developmentally inclined to seek autonomy and take risks. This propensity for risk and challenging boundaries is essential for personal identity formation and belief systems development. During the transition to adulthood, adolescents and young adults often place a high value on peer group acceptance and adhering to perceived social norms. As a result, adolescents and young adults are more likely to engage in pleasure-seeking behaviors despite the associated risks.

The potential for harm often grows in young adulthood, as newfound freedoms present more significant opportunities to engage in risk-taking behaviors. Despite some enduring controversy, age-specific, preventative health services, including mental health and substance use counseling, are critical aspects of adolescent and young adult health care. The exposures and habits formed during these early development periods can have detrimental health consequences long term. Young adults living in conservative rural communities may be at an increased risk for poor health outcomes related to risk-taking behaviors due to limited access to age-appropriate health services. Rural public health workers and providers can improve access to mental health and substance use services by ensuring service efficiency, confidentiality, and controlling for patient costs. Promoting problem recognition skills, active coping, and normalizing help-seeking behaviors are essential strategies for improving rural youth engagement. Community partnerships with local schools and youth programs may reduce the impacts of external stigmatization and promote service utilization.

*Keywords: young adulthood, adolescence, rural, mental health, substance use*

## **Adolescent and Young Adult Health**

Young adulthood is a dynamic development period that occurs between the ages of 18 to 25 years (Higley, 2019). Characterized by greater autonomy, experimentation, and risk-taking behavior, young adulthood marks the transition between adolescence and adulthood. The developmental tasks that young adults engage in are instrumental in personal identity formation and structuring of belief systems (Higley, 2019). The exposures and patterns of behavior established in young adulthood can have persistent health impacts throughout the lifespan (Institute of Medicine [IOM] & National Research Council [NRC], 2014).

Risk-taking behaviors are often first adopted in adolescence and tend to scale in frequency and severity during young adulthood (Schwartz et al., 2010). As individuals in this age group reach societal milestones such as learning to drive, acquiring legal adult status, enrolling in college, or moving away from the familial home, newfound freedoms present new opportunities for personal growth and boundary setting.

While this experimentation period is essential for personal identity formation, young adulthood can also be a hazardous time for those who are developmentally inclined to engage in risk-taking behaviors. Young adults are more likely to engage in heavy alcohol use, illicit drug use, unprotected sexual activity, and driving under the influence of substances compared to all other age groups. As such, young adults have the highest morbidity and mortality rates from motor vehicle accidents, homicides, suicides, mental health disorders, sexually transmitted infections (STIs), and substance use compared to all other age groups (IOM & NRC, 2014).

The adverse health outcomes related to risk-taking behaviors are likely only exacerbated by generally lower health insurance coverage (Commonwealth Fund, 2016) and reduced utilization of health resources in young adults compared to other age groups (Chavez et al., 2017;

Lau, Adams, Boscardin, & Irwin, 2014). Young adults living in rural communities may be especially vulnerable to harms associated with risk-taking behaviors. The unique, population-disperse environment presents challenges to accessing good quality, age-appropriate care (Curtis et al., 2011).

Proactive and sustained outreach by healthcare providers is essential to support healthy development and prevent harm as a direct consequence of risk-taking behaviors in young adulthood. As evidenced by the discrepancies in age-related risk and level of care received, the current health delivery systems are inadequate. There has been limited research regarding effective strategies to reach young adults with mental health and substance use disorders. Even less is known about the facilitators and barriers to access for young adults living in rural communities in need of such services. This paper explores the current understanding of available, age-appropriate, and culturally compatible interventions to promote more robust engagement with mental health services, substance use counseling, and medication-assisted treatment (MAT) among adolescents and young adults living in rural communities.

## **Background**

### **Substance use**

The term *substance use* describes the use of drugs and alcohol along a severity continuum. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines a substance use disorder (SUD) as problematic, recurrent use of drugs or alcohol that causes significant distress or impairment in a person's life (American Psychiatric Association [APA], 2013). With each substance (except for caffeine, which cannot be defined as a substance use disorder), the rated level of use depends on the dose and frequency of the substance used and

the magnitude of consequences associated with the substance use based on specific criteria (APA, 2013).

Nationally, young adults have the highest substance use rates compared to adolescents and middle-aged adults (IOM & NRC, 2014; Federal Interagency Forum on Child and Family Statistics [Child Stats], 2014). In 2012, about 25% of young adult males (ages 18 to 24 years) and 17% of young adult females living in the United States were diagnosed with a substance use disorder (Child Stats, 2014). Risk factors for substance use in young adults include male gender, Caucasian ethnicity, family history of substance use/favorable familial views of substance use, co-occurring mental health disorder(s), societal non-conformity, family rejection of gender identity or sexual orientation, inadequate parental supervision, childhood abuse/neglect, familial conflict, association with substance-using peers, poor school engagement, and low academic achievement (Centers for Disease Control and Prevention [CDC], 2020; Stone et al., 2012). Living outside of the familial home, unemployment, and attending college have also been cited as potential risk factors in this population (Stone et al., 2012). Substance use among young adults is associated with increased accidental injuries, poisonings, and unintentional death (Schulte & Hser, 2013). Substance use is also associated with increased sexual risk behavior, violent experiences, mental health disturbances, self-harm, and death by suicide in this age group (Schulte & Hser, 2013; Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

### **Mental health**

Mental health is a critical component of adolescent and young adult overall health and wellbeing. In adolescence and extending into young adulthood, the brain has heightened reward and affective systems, rendering it more sensitive and reactive to external stimuli (Spear, 2011).

This increased sensitivity drives the emotional volatility, and pleasure-seeking behavior often observed in this population, sometimes in the form of conflict with authority figures or conforming to peer pressure.

During this time, positive and negative exposures facilitate individual brain growth and development, affecting how new information is stored and processed. In some instances, these changes in the brain can present as a mental health disorder (Kessler et al., 2005). There is a wide variety of mental health disorders; Some manifest as a temporary response to a trigger, while others are considered chronic conditions.

In the United States, one in five young adults has been diagnosed with a mental health disorder (Stroud, 2014). Common mental health disorders that may emerge in this age group include anxiety, depression, attention deficit, and eating disorders (Forman, 2017). Schizophrenia, bipolar, and borderline personality disorder, may also present during this period of biological stress and transition (Forman, 2017; IOM & NRC, 2014).

In 2018, suicide was the second leading cause of death among adolescents and young adults (Weir, 2019), with the proportion of deaths by suicide higher in young adults (IOM & NRC, 2014). Compared to middle-aged adults (26-49 years) and older adults (50 years and older), young adults (18-25 years) have the highest prevalence of suicide ideation (11.8%) and suicide attempts (1.8%) (National Institute of Mental Health [NIMH], 2021). In 2017, suicide rates rose to 11.8 per 100,000 among 15-19-year-olds and 17 per 100,000 among 20-24-year-olds (NIMH, 2021). Compared to 2013 and 2015 statistics, this demonstrates a 14.2% increase in suicide rates among adolescent males and a 5.5% increase among young adult males (NIMH, 2021; Oren Miron et al., 2019). In 2018, deaths by suicide were higher for both men and women in rural communities than their counterparts in high-density urban communities (Hedegaard et

al., 2020). Though the exact cause of these increases in suicide rates is uncertain, there is data to suggest that the continued loss of farming and manufacturing jobs in rural communities (Weir, 2019) and increased prevalence of substance use may be contributing factors (Oren Miron et al., 2019).

Unfortunately, the ongoing threat of COVID-19 and the prolonged disruptions in employment, education, transportation, healthcare, and social support networks have likely deepened the losses experienced in vulnerable rural communities. Since January 21, 2020, and the first confirmed case of the novel Coronavirus was identified in Washington State, 525,000 COVID-19 related deaths have been recorded in the U.S, with 2.6 million deaths worldwide (CDC, 2021). While the full effects of the COVID-19 pandemic will not be realized for some time to come, the initial data point to an imminent surge in mental health disturbances and substance use disorders in the U.S. (Simon et al., 2020).

A June 2020 survey conducted by the CDC found that over 40% of US adults reported having at least one adverse mental or behavioral health condition, including depression, anxiety, PTSD, and substance abuse; more than triple the prevalence in June 2019 (Czeisler et al., 2020).

In the wake of COVID-19 and mass turmoil, deaths by suicide and drug overdose are only expected to increase (Pfender, 2020). Mitigation policies aimed at reducing COVID-19 transmission rates may have had the unintended consequence of promoting feelings of loneliness, isolation, perceived burdensomeness, and subsequently, driving increased use of substances (Jemberie et al., 2020).

Before the COVID-19 pandemic, only 25% of young adults diagnosed with a mental health disorder actively receive treatment or services related to their condition (IOM & NRC, 2014). At the same time, young adults have higher treatment attrition rates than adolescents and



middle-aged adults (IOM & NRC, 2014). In instances of treatment fallout, youth may use and misuse substances in an attempt to self-medicate and self-manage their mental health conditions despite the potentially exacerbating effects (Crum et al., 2013). Previous studies have drawn associations between attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, and post-traumatic stress disorder (PTSD) with substance use (Berenz & Coffey, 2012; Essau et al., 2018; Stewart et al., 2016; Zulauf et al., 2014). As a result of this unfortunate dynamic, mental health disorders and co-morbid substance use remain a persistent burden on young adults' overall health and wellbeing.

### **Adolescent and Young Adult Health in the Rural Setting**

Popular assumptions may lead some to believe that youth living in urban communities have an increased risk of harm related to higher rates of risk-taking behaviors than those living in rural communities (Rhew et al., 2011). However, several comparative studies of rural and urban populations have demonstrated the opposite to be accurate as it relates to specific substance use, sexual practices, vehicular accidents, physical trauma, and interpersonal violence (Atav & Spencer, 2002; Lenardsen et al., 2020; Rhew et al., 2011). Concerning substance use, young adults living in rural communities are more likely to use methamphetamines, misuse opioid prescriptions, binge drink alcohol, and drive under the influence of substances than young adults in urban settings (Lenardsen et al., 2020). Higher poverty rates, reduced education attainment, limited work opportunity, and an overall lack of accessible services in rural areas compared to urban and suburban communities may partially explain these geographical disparities in substance use and other risk-taking behaviors (Curtis et al., 2011; Rhew et al., 2011).

In rural settings, lower population density and close-knit community makeup present unique health care challenges for adolescents and young adults in need of specialized,

confidential services. Geographical access barriers and local government financial constraints may further impede the delivery of highly specific health services (Curtis et al., 2011).

Compared with metropolitan areas, rural communities tend to hold more conservative social views and traditional value sets. Harm-reduction models and preventative services addressing youth risk-taking behaviors may be politically unpopular in rural communities. Therefore, the risk for harm in adolescence and young adulthood may be greater in settings where politics may limit the provision of developmentally appropriate services such as reproductive health clinics, STI screening, mental health, substance use counseling, and treatment (Curtis, 2008). As a result, youth with low socioeconomic status, belonging to a racial minority group(s), and those with non-conforming gender identities, gender expressions, and sexual behaviors, are most vulnerable to harms related to under-representation, under-assessment, and under-treatment in rural communities (Curtis et al., 2011). These persistent discrepancies between health risks, harm, and healthcare received emphasize the need for innovative and culturally-mindful approaches to increasing mental health and substance use treatment services for adolescents and young adults in rural communities.

### **Facilitators and Barriers to Accessing Youth Health Services**

The rural environment poses unique mental and behavioral health delivery challenges for patients and providers living and operating in this setting. Transportation, geography, cost, convenience, culture, and language barriers may be complicated and exacerbated by limited funding, limited public support, and the limited availability of trained providers in rural communities (Curtis, 2008; Curtis et al., 2011). For youth mental health and substance use services to meet health objectives in rural communities, program operators must consider the

above constraints and the heightened age-specific barriers to care that may exist in this practice setting.

### **Self-assessment and Self-reliance**

A longitudinal study examining youth mental health status, perceived mental health needs, and service utilization, found gender identity, sexual orientation, and degree of depression to be strong indicators of youth mental health service utilization (Cadigan et al., 2019). Female and non-heterosexual young adults were most likely to have received mental health services at least once in the last year compared to cisgender and heterosexual males. Simultaneously, female and non-heterosexual young adults were most likely to report unmet mental health needs (Cadigan et al., 2019). Young adults who rated their depression symptoms as moderate were more likely to seek mental health services than those with mild or severe presentations (Cadigan et al., 2019).

The same study found that of young adults with unmet mental health needs, 61% cited the belief they could handle their problem(s) on their own as the reason for not seeking mental health services (Cadigan et al., 2019). While non-students were more likely to cite cost and inadequate insurance coverage as barriers to treatment, college students endorsed self-reliance as a primary reason not to use available mental health services. This self-reliance theme has been described elsewhere as a significant barrier to optimizing mental health in rural communities, particularly among young adults (Fuller et al., 2000; Gulliver et al., 2010).

### **Perceived external and self-stigmatizing attitudes towards mental health conditions**

Numerous studies have cited perceived social norms as a predictor of youth behaviors (Edwards et al., 2019; Geisner, Neighbors, & Larimer, 2006; Kunz et al., 2019). Young adult men may be particularly inclined to use substances to conform to their peers' perceived norms

(Edwards et al., 2019). Additionally, fear of external stigmatization has shown to be a persistent deterrent for youth who may otherwise benefit from mental health and behavioral health services (Cadigan et al., 2019).

Past surveys have indicated that young adults with depression symptoms may have concerns that seeking help could have significant social consequences. While some youth noted the potential for strained relationships with friends and family, others expressed fears of differential treatment by employers, insurance providers, and medical professionals and the risk of being designated with an unfavorable label (Cadigan et al., 2019). Parental consent requirements may present compounding legal barriers to accessing treatment for adolescents with mental health or substance use needs (Curtis, 2008). Their deterring effects may be particularly potent in households where the youth's health needs exist in contrast with family or community cultural values and norms.

### **Problem Recognition Skills**

In a survey conducted across the State of California, researchers uncovered the drivers and barriers to using available services for college students with mental health concerns. Overall, colleges that actively encouraged the use of mental health services had higher rates of service utilization by those in need compared to schools that did not explicitly promote and normalize engagement (Sontag-Padilla et al., 2016).

The study also noted positive associations between student problem recognition capabilities and mental health service utilization. Similarly, students who demonstrate active coping skills were more likely to engage with mental health and behavioral health services (Sontag-Padilla et al., 2016). In this study, active coping skills included identifying available resources, knowing how to access resources, and seeking alternative solutions to problems at

hand (Sontag-Padilla et al., 2016). The findings suggest that efforts to strengthen young adult problem recognition and active coping skills may increase public mental health and behavioral health services. Schools and other youth-centered establishments that demonstrate empathy towards youth health concerns may be ideal venues for developing and implementing these skills.

### **Convenience and cost**

A retrospective study comparing Medication-Assisted Treatment (MAT) clinical practices observed how wait times influence appointment attendance among patients undergoing treatment for substance use disorder. Clinics that offered same-day appointments and treatment options experienced fewer no-show and canceled appointments than clinics with more strict scheduling practices and longer appointment lead times (Roy et al., 2020). The study did not examine rural youth behaviors specifically. However, it highlighted the demand for efficient and integrated care experiences in substance use treatment. Interestingly, the researchers found no association between free and reduced-cost care and appointment attendance among low-income patients (Roy et al., 2020). While cost has been identified elsewhere as a relative barrier to treatment (Cadigan et al., 2019), these findings suggest it is not the only consideration for individuals with low income in need of care.

### **Discussion**

Health providers caring for adolescents and young adults in rural communities should include standardized mental health screenings as part of their intake and routine exams. Proactive mental health and substance use screening can provide an opportunity for patient education and open an on-going dialogue about individual risk and risk-taking behaviors (Cadigan et al., 2019). Using evidence-based screening tools and people-first language, providers can build a trusting

rapport and promote the development of problem recognition and active coping skills (Sontag-Padilla et al., 2016). Studies have demonstrated the value of de-stigmatizing messaging as a means to encourage help-seeking behavior (Gulliver et al., 2010; Sontag-Padilla et al., 2016). Further, the use of statistics to demonstrate the prevalence of depression, anxiety, and other age-related mental health conditions may help clarify misperceptions of peer group norms and serve as a form of reassurance to youth experiencing poor-mental health (Cadigan et al., 2019).

Non-college young adults are more likely not to receive applicable mental health services based on cost, under-insurance, and inconvenience (Cadigan et al., 2019). Free assessments and low-cost interventions may improve youth engagement with mental health and behavioral health services. When possible, same-day appointments and treatment initiation based on identified risk help streamline and promote service utilization (Roy et al., 2020).

Such service sites should make appropriate accommodations in designing the waiting room, exam space, and intake process to ensure patient privacy throughout all points of care (Gulliver et al., 2010). Promotional material and advertising emphasizing confidentiality may encourage youth enrollment (Gulliver et al., 2010). Mental health and substance use programs should inform patients of their healthcare rights to privacy while remaining transparent about confidentiality limitations. Transparent care includes abiding by state and federal consent laws when treating minors in need of mental health and behavioral health services.

### **Implications for Practice**

Mental health and substance use program planners should consider the specific participants' needs, community culture, and available resources. During the transition period from adolescence to adulthood, young adults are more likely to engage in risk-taking behaviors and less inclined to engage with the healthcare system than other age groups. Given the unique

landscape of rural community healthcare, health professionals operating in this environment need to be proactive and non-punitive in their recruitment approach. De-stigmatizing messaging, people-first language and confidentiality have shown to be effective strategies to reduce some of the critical social barriers to accessing mental health and substance use services. Controlling for cost while optimizing for convenience and efficiency helps to sustain youth healthcare engagement. Finally, given the suboptimal utilization of mental health and substance use services among rural young adults, community partnerships with local high schools, colleges, and adjacent youth programs may increase throughput and bolster community support for these highly specialized yet essential health services.

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